PTO/SB/81 (01-06)

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## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS INDICATION FORM**

| Application Number      | 10/533,123                                |   |
|-------------------------|---|---|
| Filing Date             |   |   |
| First Named Inventor    | Myung-Hwan Park                           |   |
| Title Polyurethane Foam | Dressing For Wound Filler And Method For* | ] |
| Art Unit                |   |   |
| Examiner Name           |   |   |
| Attorney Docket Number  | 0117.27                                   |   |

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| Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/S  | 16)                          |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                              |  |  |
| Signature M.H.PAR  |                              | Date 2008,09,00                            |  |
| Name Myung-Hwan Park   |                              | Telephone                                  |  |
| Title and Company  |                              |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                              |  |  |
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| Assignee of record of the entire interest. See 37 C Statement under 37 CFR 3.73(b) is enclosed. (For   | CFR 3.71.<br>rm PTO/SB/96)   |  |  |
| SIGNATURE of Applicant or Assignee of Record   |  |  |  |
| 11/401/-   | Date Dep. of, 2008   |  |  |
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| Title and Company  |  |  |  |
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| Statement under 37 CFR 3.73(b) is enclosed. (Form P  | TO/SB/96)                                   |   |  |
| SIGNATURE of A   | pplicant or Assignee of Record              |   |  |
| Signature Cee, Soo-Chang   |   | Date Sep. & 2008                              |  |
| Name Soo-Chang Lee   |   | Telephone                                     |  |
| Title and Company  |   |   |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire signature is required, see below.". | interest or their representative(s) are rec | uired. Submit multiple forms if more than one |  |
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